



The Commonwealth of Massachusetts
Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732

CASHIER'S TRANS. NO.

INSPECTION APPLICATION – REFRIGERATION SYSTEMS

| | |
|---|--|
| New Installation () | Insurance Cancellation () |
| TYPE OF PRESSURE VESSEL | FEE: |
| | |
| Air Conditioner & Refrigeration systems | \$60 for 1 st 20 tons, \$2 for each additional 20 tons (\$300 maximum fee per individual system) |
| | |
| Manufactured by: | Year: |

Re-inspection to be performed by (check one):

| | |
|---------------------|--|
| STATE INSPECTOR () | INSURANCE INSPECTOR () Insurance Company Name: _____ |
|---------------------|--|

In compliance with Mass. General Laws, Chapter. 146 and application regulations the undersigned applies for the required inspection.

Signature of Owner or Authorized Representative

Date

OWNER/USER INFORMATION (Please print)

NAME: _____
ADDRESS: _____

CONTACT PERSON: _____
TELEPHONE NO. _____

LOCATION OF PRESSURE VESSEL (Please print)

NAME: _____
ADDRESS: _____

CONTACT PERSON: _____
TELEPHONE NO.: _____

Mail application to: Department of Public Safety, One Ashburton Place, Room 1301, Boston, MA 02108-1618, Attn: Cashiers Office. Enclose a check or money order made payable to: The Commonwealth of Massachusetts.